

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH
 County Carroll

Village or City Medford (No.)

2 FULL NAME Jesse Baile

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
-------------------	------------------------------	----------------------------------------------------------------------------

6 DATE OF BIRTH

June 13, 1846
(Month) (Day) (Year)

7 AGE

85 yrs. 6 mos. 22 ds. If LESS than
1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Retired Farmer
 (b) General nature of industry business, or establishment in which employed or (employer) None

9 BIRTHPLACE

(State or country) Maryland

10 NAME OF FATHER

Pete Baile

11 BIRTHPLACE OF FATHER
(State or country) Maryland

12 MAIDEN NAME OF MOTHER

Catherine Baile

13 BIRTHPLACE OF MOTHER
(State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

David Baile

(Address) Medford Md

15 Filed Dec 7 1921 Death Cert. Registrar

14814

(P.A.)

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 1

St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 5th, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from December 1st, 1921, to December 5th, 1921,

that I last saw him alive on December 5th, 1921, and that death occurred on the date stated above, at 12:50 P.M. The CAUSE OF DEATH * was as follows:

Fracture of neck of left femur, accident falling from steps, at his home, C. & R. Automobile not involved (Duration) 4 yrs. 4 mos. 4 ds.

Contributory Secondary Bronchitis - Pneumonia

(Duration) 2 yrs. 2 mos. 2 ds.

(Signed) Stanley Baile M. D. Dec 7 1921 (Address) Maryland Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Meadow Branch

20 UNDERTAKER

H. Banchard & Son

DATE OF BURIAL

Dec 8, 1921

ADDRESS

Westminster Md

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Economic engineer, Civil engineer, Stationary engineer, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement. It should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Silkworm, (b) Grocer, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dock laborer, Farm laborer, Industrial, Coal mine, etc. Worken at home, who are engaged in the duties of the household only; but paid Householders who receive a definite salary, may be entered as Household, House-work, or At Home, and children, not gainfully employed, as *A child, or At home.** Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If removed from occupation, that fact may be indicated thus: *Farmer, (b) Cotton mill, etc.* For persons who have no occupation, whatever, write *None.*

Statement of Cause of Death.—Name first, the disease, then the cause.

JAN 6 1952

unqualified, is indefinite); *Tuberculosis of lung, measles, peritonitis, etc., Cervical, Sarcoma, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough, Chronic tubular heart disease, Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom), "Atrophy," "Collapse," "Convulsions," "Debility," "Carcinomatous," "Sanilic," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by motor vehicle—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracturing of skull, and consequences (e. g., sepsis, *septicaemia*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If the certificate is signed over thoroughly and a full question is answered in detail, it will prevent further correspondence. All the above is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14215

74

1. PLACE OF DEATH

County CarrollVillage or City Sykesville, MdLength of residence in city or town where death occurred 6 yrs(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 19 ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Bixler, Susan R.(a) Residence: No. Springfield State Hospital
(Usual place of abode)

Ward.

York Pa

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct. 15 - 1851

7. AGE Years <u>80</u>	Months <u>1</u>	Days <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION <u>None</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>
	10. Date deceased last worked at this occupation (month and year) <u>None</u>
	11. Total time (years) spent in this occupation <u>None</u>

12. BIRTHPLACE (city or town)
(State or country) Maryland - Carroll County13. NAME George P. Bixler14. BIRTHPLACE (city or town)
(State or country) Maryland - Carroll County15. MAIDEN NAME unknown16. BIRTHPLACE (city or town)
(State or country) Carroll County17. INFORMANT Hospital records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Manchester Md, Date Dec. 12, 193119. UNDERTAKER M. L. F. Bergman
(Address) Manchester Md20. FILED Dec. 10, 1931 Harry Shee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December
(Month)10
(Day)1931
(Year)

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1925 to December 10, 1931. I last saw her alive on Dec. 9th, 1931; death is said to have occurred on the date stated above, at 4:45 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General arteriosclerosis

Date of onset

10 yrs ago

Other Contributory Causes of importance:

Senile Dementia10 yrs agoName of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Virginia Berger
(Address) Sykesville, Md

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JAN 5 1932	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14216

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Carroll Maryland Tuberculosis San., Registration Dist. No. 74
 Village or City Henryton, Maryland Colored Branch No. St. Ward
 Length of residence in city or town where death occurred 2 yrs. 7 mos. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Albert Bundy

(a) Residence: No. 827 Linden Ave., Balto., St. Md. Ward.
 (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia Bundy			
6. DATE OF BIRTH (month, day, and year) Nov., 17, 1868			
7. AGE Years 63	Months 1	Days 5	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Janitor		11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)			

21. DATE OF DEATH

Dec., 22, 1931
 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Apr., 29, 1931, 19, to Dec., 22, 1931, 19. I last saw him alive on Dec., 22, 1931, 19; death is said to have occurred on the date stated above, at 5.30 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Jan

1929

12. BIRTHPLACE (city or town) (State or country) Virginia	
13. NAME James Bundy	
14. BIRTHPLACE (city or town) (State or country) Virginia	
15. MAIDEN NAME Bobnette Bundy	
16. BIRTHPLACE (city or town) (State or country) Virginia	
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Maryland	
18. BURIAL, CREMATION OR REMOVAL Place Mt. Calvary, Date 12 - 26, 1931	

Other Contributory Causes of Importance:

Name of operation O Date of O
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: No
 Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) John E. O'Neill, M. D.
 (Address) Henryton, Maryland

20. FILED 17/12/31 John E. O'Neill
 5-78 Middle St. by Local Registrars

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED JAN 5 1937
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH

County CarrollVillage or City Sykesville, Md.

Length of residence in city or town where death occurred

93-c

Registration Dist. No.

14217
14

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Thomas Richard Carr(a) Residence: No. Upper Marlboro, Md. (Alma House Rd. Sec. Co.)

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

January 20 - 1853

7. AGE Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.741025

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

MOTHER

13. NAME

John Carr

FATHER

14. BIRTHPLACE (city or town)
(State or country)Pr. Germ. Co., Md.

15. MAIDEN NAME

Susan Ashton16. BIRTHPLACE (city or town)
(State or country)Pr. Germ. Co., Md.

17. INFORMANT

Hospital Records

(Address)

S.S. Hosp., Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Meadows, Md.Date Dec 15 - 31

19. UNDERTAKER

(Address)

Ritualie Bros.Ritualie, Md.

20. FILED

Dec 13, 1931 Harry Green

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December131931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY.

That I attended deceased from

December 12, 1931 to December 13, 1931I last saw him alive on December 13, 1931; death is said
to have occurred on the date stated above, at 8:50 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

General Asthma & ThroatsUnk.

Other Contributory Causes of importance:

Chronic Myocarditis with loss
of compensation, general edema
and edema of lungsover 5 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. McPherson
(Address) S.S. Hosp., Sykesville, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	RECEIVED
Run over by street car	
Peritonitis	

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones	RECEIVED

Other contributory causes of importance:

Gastroenteritis	RECEIVED

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Carroll

14218
92-a

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 74

Village or City Habersham No. 1

2 FULL NAME Lil Roy George Clancy

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH April 30, 1892
(Month) (Day) (Year)

7 AGE 39 yrs. 9 mos. 29 ds. or min. If LESS than
1 day hrs.

8 OCCUPATION Trade, profession or particular kind of work Bank Clerk
General merchandise
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Canada

10 NAME OF FATHER John Clancy

11 BIRTHPLACE OF FATHER (State or country) Fenton Canada

12 MAIDEN NAME OF MOTHER Margaret Sullivan

13 BIRTHPLACE OF MOTHER (State or country) Fedor Canada

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Margaret Clancy
(Address) 215 Center Street

15 Filed Dec 28 1931 General Habersham Concord Registrar
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

St. St. Joseph's Cemetery Ward 74 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

16 DATE OF DEATH Dec 28, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov 31 to Dec 27, 1931, that I last saw him alive on Dec 27, 1931, and that death occurred on the date stated above, at 12 m. The CAUSE OF DEATH * was as follows: Chronic valvular Heart Disease

Contributory Chronic Arthritis
Secondary

(Duration) yrs. mos. ds.
(Signed) Samuel B. Greenher M. D.
(Address) St. Esseville Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. Joseph's Cemetery DATE OF BURIAL Dec 30, 1931
20 UNDERTAKER Fee Son Inc. ADDRESS Lykensville Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE causing death the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"; *Leprosy* avoid use of "Group"); *Typhoid fever* never report "Typhoid Pneumonia"; *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatology), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepsis," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, ~~was~~ fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

JAN 5 1932

BUREAU
of the
CENSUS

1. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14219

1. PLACE OF DEATH Maryland <u>Tuberculosis sanatorium</u> ²³			
County <u>Carroll</u>		Colored Branch	
Village or City <u>Henryton, Maryland</u>		Registration Dist. No. <u>74</u>	
Length of residence in city or town where death occurred <u>4</u> yrs. <u>2</u> mos. <u>24</u> ds.		No. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME <u>Andrew Conyer</u>			
(a) Residence: No. <u>Centreville, Queen Anne Co., Md.</u> St., <u>Ward.</u>			
(Usual place of abode)			
If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>July 16, 1905</u>			
7. AGE	Years <u>26</u>	Months <u>4</u>	Days <u>15</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)			
MOTHER FATHER	13. NAME <u>Charles Conyer</u>		
	14. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)		
MOTHER	15. MAIDEN NAME <u>Janie Wells</u>		
	16. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)		
17. INFORMANT	John E. O'Neill, M. D. (Address) <u>Henryton, Md.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salem, Md.</u> Date <u>Dec. 3, 1931</u>			
19. UNDERTAKER <u>John C. Miller</u> (Address) <u>2435 E. Allentown</u>			
20. FILED <u>12/1/31</u> , 19. <u>John E. O'Neill</u> Deputy Local Registrar			
If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH <u>Dec., 1, 1931</u> (Month) <u>Dec.</u> (Day) <u>1, 1931</u> (Year)			
22. I HEREBY CERTIFY That I attended deceased from <u>Sept., 7, 1927</u> to <u>Dec., 1, 1931</u> , 19. I last saw him alive on <u>Dec., 1, 1931</u> , 19. death is said to have occurred on the date stated above, at <u>12.55 A. M.</u> The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>			
Date of onset <u>July</u> 1927			
Other Contributory Causes of importance: _____			
Name of operation <u>O</u> Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>			
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19_____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____			
(Signed) <u>John E. O'Neill</u> M. D. (Address) <u>Henryton, Md.</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	JAN 5 1932	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14220

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County CarrollVillage or City Marfieldsbury, P. O. WestminsterRegistration Dist. No. 76

St.

Ward

Length of residence in city or town where death occurred 2 yrs. 11 mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME James Donald Book(a) Residence No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (with the word)
--------------------	-------------------------------	------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1929-1-6

7. AGE <u>2</u> Years	Months <u>11</u>	Days <u>22</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u> </u>	at home
-------------------------------------------------------------------------------------------------------	---------

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Arthur D. Book14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Priscilla F. Zile16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Arthur D. Book,
(Address) Westminster, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Pipe Creek Cemetery Date 11/30, 193119. UNDERTAKER B. M. Webb,
(Address) Winfield, Md.20. FILED 12/28/31 Westwood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 28 = 78 = 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-27-31, 19, to 12-28-31, 19.I last saw him alive on 12-28-31, 19; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Parangitis (Probably of digestive origin)

Date of onset

Other Contributory Causes of importance:

Debilitation of heart.Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 220

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? 220Date of injury , 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Date of Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. C. Jessmett

M. D.

(Address) Westminster, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	JAN 6 1922	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923	Other contributory causes of importance:
		Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14221

1. PLACE OF DEATH

County CarrollVillage or City Bear Uniontown

(137)

Registration Dist. No. 71

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Isaac Theodore Crouse

(a) Residence: Nd.

Linwood, Md.St. Ward.St. Ward

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE Elara Hamburg Crouse

6. DATE OF BIRTH (month, day, and year)

Nov 24, 1868

7. AGE

Years 63Months 0Days 29If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Carpenter11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Md

MOTHER FATHER

13. NAME Samuel Crouse14. BIRTHPLACE (city or town)
(State or country)Md15. MAIDEN NAME Martha Shriner16. BIRTHPLACE (city or town)
(State or country)Md

17. INFORMANT

(Address)

Ms. Theodore CrouseLinwood, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial Bear Uniontown Date Dec. 26, 1931

19. UNDERTAKER

(Address)

Ed. J. Crouse SonUniontown, Md.20. FILED 12/24/31MOS. 1931MARGARET REED, Reg. Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec
(Month)23
(Day)1931
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Nov. 31, 1931 to Dec 23, 1931I last saw him alive on Dec 22, 1931; death is said
to have occurred on the date stated above, at 8:00 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Prostatic enlargement
with incontinence

Date of onset

Other Contributory Causes of importance:

Name of operation Suprapubic Date of Nov 24, 1931
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) T. N. Legg M. D.(Address) Union Bridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED JAN 8 1932 BUREAU V.	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, PHYSICIANS should state **CAUSE OF DEATH** in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County CarrollVillage or City Westminster No. 22 FULL NAME Cora A. Carroll

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Dec 20, 1869
(Month) (Day) (Year)

7 AGE

62 yrs. — mos. — ds. or min.

If LESS than
1 day hrs.
or min.

8 OCCUPATION

(a) Trade, profession or
particular kind of work House wife
(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE

(State or country) Maryland10 NAME OF
FATHERMilton Chew11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHERElizabeth Rush13 BIRTHPLACE
OF MOTHER
(State or Country)Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest Carroll(Address) Westminster Md15 Filed 12/21/1931 12/21/1931
by W. G. Leonard
Registrar

14222

93c

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 76St. _____ Ward _____
(If death occurred in
a hospital or institu-
tion, give its NAME in
stead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 20, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
Nov. 1st 1931 to Dec 20, 1931,
that I last saw her alive on Dec. 19th, 1931,
and that death occurred on the date stated above, at 6:30 P.M.
The CAUSE OF DEATH * was as follows:Chronic myocarditis

(Duration) yrs. mos. ds.

Contributory
Secondaryacute cardiac

Dilation (Duration) yrs. mos. ds.

(Signed) Chas. R. Fouty M. D.Dec 21, 1931 (Address) Westminster Md*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether,
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Dec 22, 1931

ADDRESS

Westminster Md

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer retired 6 yrs.* For persons who have no occupation whatever, write *None*.

JAN 6 1932

BUREAU U. S.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is locked over thoroughly and a question is answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of Cause of Death—Name, first, the disease (the accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

STATE OF MARYLAND—CERTIFICATE OF DEATH

14223

1. PLACE OF DEATH

County CarrollVillage or City New WindsorLength of residence in city or town where death occurred 11 yrs.

82-a

Registration Dist. No. 80

St.

Ward

No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME John W. Ecker(a) Residence: No. same

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
--------------------	-------------------------------	---------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSusie L. Ecker6. DATE OF BIRTH (month, day, and year) 1857-12-27

7. AGE <u>73</u>	Years	Months <u>11</u>	Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer (retired)</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
10. Date deceased last worked at this occupation (month and year) <u>6/1/41</u>	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Benjamin Ecker14. BIRTHPLACE (city or town)
(State or country) Maryland15. MARRIED NAME Sarah J. Masinor16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mrs. Susie L. Ecker
(Address) New Windsor, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Carroll County Date 12/11/41, 194119. UNDERTAKER L. M. W. Ecker
(Address) Winfield, Md.20. FILED Dec 10, 1941 Frank A. Mc
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December8th

(Month) (Day)

, 1941 (Year)22. I HEREBY CERTIFY. That I attended deceased from May 1st, 1931, to December 8th, 1941. I last saw him alive on December 7th, 1941; death is said to have occurred on the date stated above, at 9:30 P.M.. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Aphoplexy

Date of onset

12-8-31

Other Contributory Causes of importance:

Arterio-Sclerosis5-1-31

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 1941

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Alfred G. Scott(Address) New Windsor, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	JAN 6 1932
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE and STATE CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County CarrollVillage or City Near Westminster2 FULL NAME William Feig

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word)

Male White Widowed

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

About 68 yrs.

If LESS than
1 day hrs.
mos. ds. or min.

8 OCCUPATION

(a) Trade, profession or particular kind of work Retired Baker
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

Germany

Unknown

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lester Robertson(Address) Westminster Md

15 Filed

102

Registrar

14224

(46) ✓

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 76

St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

12 - 12 - 1831

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov. 17 1931 to Dec 12 1931,that I last saw him alive on Dec 11 1931, and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH * was as follows:

Carcinoma of liver
Home HyphntsWas Christian buried with a say
(Duration) 5 yrs. inos. 16Contributory
Secondary(Duration) 7 yrs. mos. 12 mds.(Signed) W.C. Desmette M. D.12-15 1931 (Address) Westminster*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.Where was disease contracted,
if not at place of death?Former or
usual residence19 PLACE OF BURIAL OR REMOVAL
Serpents Ridge Pa DATE OF BURIAL
Dec 17. 1931

20 UNDERTAKER

H. Barkard & SonADDRESS
Westminster

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Soleman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer retired 6 yrs.* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

JAN 6 1932

BUR

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiacemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14225

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County CarrollVillage or City ElkensburgLength of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.Registration Dist. No. 76

St.

Ward

2. FULL NAME Amelia Freeman(a) Residence: No. Elkensburg Md.

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMr. Freeman

6. DATE OF BIRTH (month, day, and year)

Dec. 1889

7. AGE

Years 42Months —Days —If LESS than
1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.None

OCCUPATION

12. BIRTHPLACE (city or town)
(State or country)S. C.

MOTHER

FATHER

13. NAME Halse Williams14. BIRTHPLACE (city or town)
(State or country)S. C.15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town)
(State or country)S. C.17. INFORMANT Mr. Freeman(Address) Elkensburg Md.18. BURIAL, CREMATION, OR REMOVAL
Place Elkensburg Cemetery Date Dec. 24, 193119. UNDERTAKER Mr. & Son Inc.(Address) Elkensburg Md.20. FILED Dec 24, 1931 Harry T. Lee

48

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. Ward

ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 23

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY

That I attended deceased from
12-1-1930 to Dec. 23, 1931I last saw her alive on 12-23-1931; death is said
to have occurred on the date stated above, at 11 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Carcinoma of
uterus

Date of onset

Intervening

Other Contributory Causes of importance:

Exhaustion

Progression

Name of operation

Date of

What test confirmed diagnosis?

220

Was there an autopsy? 220

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

74

M. D.

W. C. Stover

Westmoreland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
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Chronic interstitial nephritis	1921
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Cerebral hemorrhage	July 5, 1927
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
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Run over by street car	1 week ago
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Peritonitis	3 days ago
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14226

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County ArnallVillage or City Sykesville

Length of residence in city or town where death occurred

yrs. 10 mos. 0 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.Registration Dist. No. 74No. Springfield State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. Springfield

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) December 18567. AGE 75 Years 0 Months 0 Days 0 If LESS than
1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town).
(State or country) Maryland

MOTHER

FATHER

13. NAME William Griffith14. BIRTHPLACE (city or town).
(State or country) Maryland15. MAIDEN NAME Betty Hayes16. BIRTHPLACE (city or town).
(State or country) Maryland17. INFORMANT Hospital Records
(Address) Sykesville, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Upper Marlboro Rd. Date Dec 24, 193119. UNDERTAKER Wesson Son Inc.
(Address) Sykesville, Md.20. FILED Dec 23, 1931 Stanley Street
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 22

(Month)

(Day)

1931 (Years)22. I HEREBY CERTIFY. That I attended deceased from Dec 25, 1931 to Dec 22, 1931I last saw her alive on Dec 22, 1931; death is said to have occurred on the date stated above, at 6:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Arteritis 1929
- Delusions

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Royal M. Ross M. D.
(Address) Sykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	JAN 5 1932
Cerebral hemorrhage	July 5, 1927

BUREAU V.I.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Carroll

92-61

Registration Dist. No.

14227

76

Village or City

near Westminster

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Joseph G. Hahn

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

Mary Poisel Hahn

6. DATE OF BIRTH (month, day, and year)

March 10, 1885

7. AGE

Years Months Days

46 8 25

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL,

SAW MILL, BANK, etc.

9. Date deceased last worked at this occupation (month and year)

Dec. 1931

11. Total time (years) spent in this occupation

20

12. BIRTHPLACE (city or town)

(State or country)

Westminster

Carroll, Md.

MOTHER

FATHER

13. NAME

Amos W. Hahn

14. BIRTHPLACE (city or town)

(State or country)

Frederick, Md

15. MAIDEN NAME

Mary G. Richell

16. BIRTHPLACE (city or town)

(State or country)

Westminster

Carroll, Md.

17. INFORMANT

Mrs. Mary P. Hahn

(Address)

Westminster, Md

Place

Westminster, Date Dec. 9, 1931

18. BURIAL, CREMATION, OR REMOVAL

F. J. Shaefer & Son

(Address)

Westminster, Md

19. UNDERTAKER

J. J. Woodward

(Address)

Westminster, Md

20. FILED

12/12/31

Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec.

5th1931
(Year)

22. I HEREBY CERTIFY

That I attended deceased from Sept 14, 1931, to Dec 5, 1931

t last saw him alive on Dec. 5, 1931; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac Hypertrophy
Valvular insufficiency

Date of onset

Don't know

Other Contributory Causes of Importance:

Acute cardiac
dilatation

Date of

Don't know

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Chas. R. Foutz

M. D.

(Address)

Westminster, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 192

Digitized by srujanika@gmail.com

Digitized by srujanika@gmail.com

Other contributory causes of importance:

Callaway 16 of 160

Gastritis May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

www.english-test.net

Digitized by srujanika@gmail.com

Other contributory causes of importance:

Castrol 1000

Gastroenteritis 1 year

Digitized by srujanika@gmail.com

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14228

1. PLACE OF DEATH

County Carroll
Village or City OliverdaleRegistration Dist. No. 10Length of residence in city or town where death occurred 1 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 0 ds. 0 How long in U.S. if of foreign birth? yrs. 0 mos. 02. FULL NAME Maynard Ray Hulme

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>Dec. 5, 1931</u>				
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>—</u>
	10. Date deceased last worked at this occupation (month and year) <u>—</u>
11. Total time (years) spent in this occupation <u>—</u>	

12. BIRTHPLACE (city or town) (State or country)	<u>Oliverdale</u> <u>Maryland</u>
-----------------------------------------------------	--------------------------------------

13. NAME <u>Albert Ray Hulme</u>

14. BIRTHPLACE (city or town) (State or country)	<u>Maryland</u>
-----------------------------------------------------	-----------------

15. MAIDEN NAME <u>Hulie M. Dayhoff</u>

16. BIRTHPLACE (city or town) (State or country)	<u>Maryland</u>
-----------------------------------------------------	-----------------

17. INFORMANT <u>Albert R. Hulme</u> (Address)

18. BURIAL, CREMATION, OR REMOVAL Place <u>Keysville</u> Date <u>Dec 12, 1931</u>

19. UNDERTAKER <u>C. O. Guest & Son</u> (Address) <u>Keystown Md</u>

20. FILED <u>Dec. 11, 1931</u> <u>Maryland Milt. Deputy</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 11(Month) Dec (Day) 11 (Year) 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dec 5, 1931, to Dec 10, 1931
I last saw him alive on Dec. 10, 1931; death is said to have occurred on the date stated above, at 12:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Birth injuries

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Roland P. Miller M. D.(Address) Delaware Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
RECEIVED JAN 2 1932		
Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

W^E WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Carroll

Village or City Trizelburg (No.)

2 FULL NAME George David Harmon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word)

Male

White

Married

6 DATE OF BIRTH

Sept

30

, 1854
(Month) (Day) (Year)

7 AGE

11

yrs.

2

mos.

28

ds. or

min.?

If LESS than
1 day hrs.

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF
FATHER

Wmiah Harmon

Maryland

Maryland

Maryland

11 BIRTHPLACE
OF FATHER

(State or country)

Maryland

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mining, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.).* For persons who have no occupation, whatever, write *None.*

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup");

Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

JAN 8 1932

BUREAU

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—(accident); Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, was fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 1 1932	1915	Attack of epilepsy
Chronic interstitial nephritis		1921	Run over by street car
Cerebral hemorrhage	1927	July 5, 1927	Peritonitis
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. A CERTAIN STATEMENT OF DEATH IN plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County barrow

Village or City Sykesville (No.)

2 FULL NAME James Hughes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word) Indorwed

6 DATE OF BIRTH January 2, 1898
(Month) (Day) (Year)

7 AGE 82 yrs. 11 mos. 14 ds. or min. IF LESS than
1 day hrs.

8 OCCUPATION
(a) Trade, profession or
particular kind of work Tinner
(b) General nature of industry
business, or establishment in
which employed or (employed) Tin Shop

9 BIRTHPLACE
(State or country) Ireland

10 NAME OF
FATHER Patrick Hughes

11 BIRTHPLACE
OF FATHER
(State or country) Ireland (Galway Co.)

12 MAIDEN NAME
OF MOTHER Honor Kennedy

13 BIRTHPLACE
OF MOTHER
(State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Annal Hughes

(Address) Sykesville Md

15 Filed Dec. 15th 1931 C. Harry Meier
Registrar

14231

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 74

92-a

St. Ward) (If death occurred in
a hospital or institution,
give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 15, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
tree to January 15, 1931,
that I last saw him alive on January 13, 1931,
and that death occurred on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH * was as follows:

Organic Valvular Disease
Disease attended by
Sudden Heavy Cold

(Duration) Not Present for years
Contributory Secondary

(Duration) Not Present for years
(Signed) James B. Brecher M. D.
Dec. 15, 1931 (Address) Sykesville Md

*State the disease causing death, or, in deaths from
violent causes, state (1) means of injury and (2) whether
accidental, suicidal or homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. Joseph's Cemetery DATE OF BURIAL Dec. 17, 1931

20 UNDERTAKER Shea & Son Inc. ADDRESS Sykesville Md

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Coal mine*, etc. Women, at home, who are engaged in the duties of the household only—not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE causation (with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

JAN 15 1932

BUREAU

STATE OF
NEW YORK
DEPARTMENT OF
HEALTH

RECOMMENDATIONS ON
STANDARD CERTIFICATE OF DEATH

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County CarrollVillage or City Argers Dist (No.)

2 FULL NAME

Sam Allen Kirkhoff

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

Aug 24-1861
(Month) (Day) (Year)

7 AGE

70 yrs. 3 mos. 25 ds. or min.?

If LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work
Farmer
(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE
(State or country)Ohio

PARENTS

10 NAME OF
FATHERHenry Kirkhoff

11 BIRTHPLACE
OF FATHER
(State or country)

Ohio12 MAIDEN NAME
OF MOTHERCatharine Geeling13 BIRTHPLACE
OF MOTHER
(State or Country)Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Levin Kirkhoff

(Address)

Westminster Rd. No. 1

15

Filed Dec 23rd 1931 Cabin Banker,
Registrar

14233

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 72

St. Ward (If death occurred in
a hospital or institution,
give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 22, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

July 1st 1931 to Dec 22, 1931,
that I last saw him alive on Dec 22, 1931,and that death occurred on the date stated above, at 9:55 P.M.

The CAUSE OF DEATH * was as follows:

Gastric Ulcers

(Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) John Stevens M. D.Dec 25, 1931 (Address) Westminster Rd. No. 1State the disease causing death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Silver Run Rd. No. 1 Dec 26, 1931

20 UNDERTAKER

Joe Little, Littlestown Pa. ADDRESS

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

JAN 5 1932

BUREAU OF THE CENSUS
RECOMMENDATIONS ON STATEMENT OF CAUSE OF DEATH
Approved by Committee on Nomenclature of the American Medical Association.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

unqualified, is indefinite); *Tuberculosis* of lungs, *meninges*, *periosteum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, fracture of skull, and consequences (e. g., *sepsis*, *meningitis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County CarrollVillage or City Sykesville

-

Springfield State HospitalRegistration Dist. No. 920

14234

7

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. if of foreign birth? 10 yrs. mos. ds.

2. FULL NAME Anna Lohmeyer

(a) Residence: No. 3204 Victoria Lane, Baltimore, Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Strike the word)Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAdolph Lohmeyer.

6. DATE OF BIRTH (month, day, end year)

December 1, 1853

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

78

0

30

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

1925

Housewife

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Germany

MOTHER FATHER

13. NAME

Edward Boehr

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Margaretha Hoelzcher

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

Hospital Records

(Address)

530 High St. Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Burial in Md. Date Jan 2, 1932

19. UNDERTAKER

(Address)

H. M. Routsong

20. FILED

Date

Dec 31, 1931 Harry Weil

31

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 31, 1931

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec. 16, 1931, to Dec. 31, 1931

I last saw her alive on Dec. 31, 1931; death is said
to have occurred on the date stated above, at 12:00 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic Valvular Heart Disease
(Mitral regurgitation, Aortic stenosis)
with General Arterio Sclerosis

Date of onset

Unknown

Other Contributory Causes of importance:

Failure of compensation of heart
with edema of lungs 7 days

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John L. Wedderburn M. D.(Address) 530 High St. Sykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.** Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist, etc.** Distinguish carefully between **retail merchants and wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	JAN 5 1932
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JULY 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

~~✓~~

N. B.--Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Carroll

Village or City Near Westminster (No.)

2 FULL NAME Harry Lynch

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>Black</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
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6 DATE OF BIRTH April 7
(Month) (Day) (Year) 1907

7 AGE 24 yrs. 8 mos. 13 ds. If LESS than
1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work Labour
(b) General nature of industry business, or establishment in which employed or (employer) 24

9 BIRTHPLACE
(State or country) Tennessee

10 NAME OF FATHER Henry Wilton

11 BIRTHPLACE OF FATHER
(State or country) Tennessee

12 MAIDEN NAME OF MOTHER Ella Percy

13 BIRTHPLACE OF MOTHER
(State or Country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Lynch

(Address) Westminster Md

15 Filed 1/2/21 1921 31 Kwoodward

Registrar

14235

173

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 16

St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 21-21, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192...,

that I last saw h alive on , 192...,

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH * was as follows:

Bullet wound through heart Probably murder. Coroner's jury could not decide. One murdered the other in a quarrel. They shot each other simultaneously.

Contributory Secondary (Duration) 18 mos. ds.

(Signed) Chas R. Fout M. D.
(Address) Western Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Western Chapel DATE OF BURIAL Dec 23, 1921

TO UNDERTAKER

H. Bankard & Son ADDRESS Westminster

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

2nd

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line, will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day Laborer, Farm laborer, Laborer—Coal mine, etc. Woman at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spiinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 ds.**; *Bronchopneumonia* (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiacæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 1932

✓
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Carroll

Village or City Near Westminster

14286

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 76

173

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John B. Lynch

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: <u>Male</u>	4 COLOR OR RACE <u>Black.</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>single</u> (Write the word)
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6 DATE OF BIRTH

June 6, 1908
(Month) (Day) (Year)

7 AGE

23 yrs. 6 mos. 15 ds.

If LESS than
1 day, hrs.
OR min.

8 OCCUPATION

(a) Trade, profession, or
particular kind of work(b) General nature of industry
business, or establishment to
which employed (or employer)Labourer9 BIRTHPLACE
(State or country)Tennessee10 NAME OF
FATHERJohn Lynch11 BIRTHPLACE
OF FATHER
(State or country)North Carolina12 MAIDEN NAME
OF MOTHERMatilda Loper13 BIRTHPLACE
OF MOTHER
(State or country)Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Matilda Lynch

(Address)

Westminster Md15 Filed 1/21/31, 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 21

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

, 1911, to , 1911,

that I last saw h. alive on , 1911,

and that death occurred on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Shot Gun Woundthrough Heart & LeftlungCoroner's jury could not decide.
Probably murder. (Duration) yrs. mos. ds.

Contributory: murdered by Harry Lynch. (Duration) yrs. mos. ds.

Secondary: murdered by Harry Lynch. (Duration) yrs. mos. ds.

the other, in a quarrel. They shot each other simultaneously. (Duration) yrs. mos. ds.

(Signed) Chas R. Foutz, M.D.Dec 21, 1931. (Address) Westminster Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Westminster Chapel

20 UNDERTAKER

H. Baughard & Sons

DATE OF BURIAL

Dec 23, 1931

ADDRESS

Westminster Md

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

Association.]

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Collen mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housekeeper*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerbrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *men-*

ges, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H.orrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septicæma," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *itis*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14237
74V. S. No. 1
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County CarrollVillage or City Sykesville

Length of residence in city or town where death occurred

1 yrs. 2 mos. 27 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

93-C

Registration Dist. No.

No. Springfield Stat. Hospital

St.

Ward

2. FULL NAME George Mac Donnell

(a) Residence: No.

(Usual place of abode)

St. _____ Ward. _____

Laurel, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
--------------------	-------------------------------	---------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of Unknown (or) WIFE of Unknown6. DATE OF BIRTH (month, day, and year) June 9th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>6</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Unknown11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (city or town) District of Columbia
(State or country)13. NAME William J. Mac Donnell14. BIRTHPLACE (city or town) Rockville
(State or country) Md.15. MATURE NAME Priscilla Soper16. BIRTHPLACE (city or town) Prince George's Co.
(State or country) Md.17. INFORMANT Springfield State Hospital (Records)
(Address) Sykesville, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hill Date Dec. 20, 193119. UNDERTAKER He蕙t Blanchard
(Address) Laurel Md.20. FILED Dec. 18, 1931 Harry Wees
Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 18th
(Month) 1931
(Year)22. I HEREBY CERTIFY. That I attended deceased from October 7th 1930 to December 18th 1931.I last saw him alive on December 18th 1931; death is said to have occurred on the date stated above, at 1:50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General ArteriosclerosisDate of onset
Pronto
1930

Other Contributory Causes of importance:

Chronic MyocarditisDate of
Pronto
1930Name of operation _____ Date of _____
What test confirmed diagnosis? Physical signs & symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John Norfolk Morris M. D.
(Address) 15. W. Main St. Sykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between **retail** merchants and **wholesale** merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should state **CAUSE OF DEATH** in plain terms so that it may be properly classified. Exact statement of **OCCUPATION** is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County CarrollVillage or City Westminster (No. 1)

2 FULL NAME

Michael Mc Gaffery

14238

(82-a)

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 16St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED

(Write the word)

Male WhiteMarried

6 DATE OF BIRTH

Feb. 10, 1848
(Month) (Day) (Year)

7 AGE

83 yrs. 10 mos. 10 ds. If LESS than
1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work Farmer - Pst.
(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE

(State or country) Md.10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eugene Mc Gaffery(Address) Westminster Md.15 Filed 1/21/1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. (Month) 20 (Day) (Year) 193117 I HEREBY CERTIFY, That I attended the deceased from Dec. 18th to Dec. 19th, 1931, that I last saw him alive on Dec. 19th, 1931, and that death occurred on the date stated above, at 3 p.m.

The CAUSE OF DEATH * was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) John Stewart M. D.
(Address) 1023 1/2 E. Chestnut St. Baltimore Md.State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. John's Cemetery Westminster, Md., 1931

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

W. Bankard Son Westminster Md.

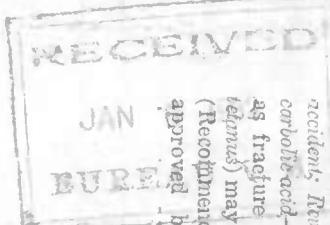
to time and causation), using always the same accepted term for the same disease. Examples: *Carbunculitis* (the only disease synonymous with "Epidemic cerebro-spinal meningitis"); *Disseminated* (a avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia"),

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., etc., without more precise specification as *Day laborer*, *Farm laborer*, *Industrial laborer*—*Cook* *mine*, etc. Women at home, who are engaged in the duties of the household only, not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmädchen*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from work, that fact may be indicated thus: *Farmer (re-*



unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Cancer, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Blow on head*—*homicide*; *Poisoned by carbolic acid*—probably *suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telemus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the*

STATE OF MARYLAND—CERTIFICATE OF DEATH

14239

V. S. No. 1 MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County CecilVillage or City SpesodaleLength of residence in city or town where death occurred 18 yrs. 5 mos.Registration Dist. No. 74No. Springfield State Hospital Ward 10

If death occurred in a hospital or institution, give its NAME instead of street and number

2 ds. How long in U. S. if of foreign birth? 1931 yrs. 6 mos.

2. FULL NAME

Ella D. Miller(a) Residence: No. Springfield State Hospital (Usual place of abode)Frederick Co., Md.
Spesodale, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown / 18 / 707. AGE 61 Years 0 Months 0 Days If LESS than
1 day, 0 hrs.
or 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>now</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>—</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) United States
(State or country)13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Hospital Registry
(Address) Spesodale, Md.18. BURIAL, CREMATION, OR REMOVAL
Heaven's Care. Date Dec 24, 193119. UNDERTAKER E. O. F. & Sons
(Address) Springfield, Md.20. FILED Dec 21, 1931 Harry New
Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 20, 1931
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from
Dec. 15, 1931, to Dec. 20, 1931.I last saw her alive on Dec. 20, 1931; death is saidto have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Mildred Rees M. D.
(Address) Spesodale, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14240

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Carroll

(23)

Registration Dist. No.

74

Village or City

Sykesville

Length of residence in city or town where death occurred

5 yrs. 6 mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

112 1/2 Main St. Frostburg, Maryland

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

May 15, 1903

7. AGE

Years
28Months
7Days
11II LESS than
1 day, _____ hrs.
or. min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER FATHER

13. NAME

John A. Miller

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Alice Condon

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER

(Address)

20. FILED

(Address)

21. DATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 29th
(Month)
(Day)
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 20 1926, to Dec 29, 1931.

I last saw her alive on Dec 29, 1931; death is said

to have occurred on the date stated above, at 124 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary Tuberculosis
Date of onset 9-1-31

Other Contributory Causes of importance:

Pulmonary Tuberculosis 12-29-31

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maud M. Ross, M. D.
(Address) Sykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	JAN 5 1932	1915
Cerebral hemorrhage		1921
	BUREAU V.S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 14241

1. PLACE OF DEATH

County carroll Maryland Tuberculosis San.⁽²³⁾ Registration Dist. No. 74
 Village or City Henryton, Maryland. Colored Branch St., Ward
 Length of residence in city or town where death occurred 0 yrs. 8 mos. 2 ds. How long in U.S. if of foreign birth? 25 yrs. 1 mos. 28 ds.

2. FULL NAME George Daniel Morris
 (a) Residence: No. Patapsco Park, Brooklyn, Maryland. St., Ward
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Jennie Morris</u>				
6. DATE OF BIRTH (month, day, and year) <u>March 3, 1883</u>				
7. AGE <u>48</u>	Years <u>9</u>	Months <u>16</u>	Days <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Laborer</u>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>				
10. Date deceased last worked at this occupation (month and year) <u>?</u> 11. Total time (years) spent in this occupation <u>?</u>				
12. BIRTHPLACE (city or town) <u>Barbadoes,</u> (State or country) <u>British West Indies</u>				
13. NAME <u>Christopher Morris</u>				
14. BIRTHPLACE (city or town) <u>Barbadoes</u> (State or country) <u>British West Indies</u>				
15. MAIDEN NAME <u>Frances Edgehill</u>				
16. BIRTHPLACE (city or town) <u>Barbadoes,</u> (State or country) <u>British West Indies</u>				
17. INFORMANT <u>John E. O'Neill, M. D.</u> (Address) <u>Henryton, Maryland.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt Auburn</u> Date <u>Dec 23, 1931</u>				
19. UNDERTAKER (Address) <u>Joseph A. Lively 409 N. Mount Street</u>				
20. FILED <u>12/19/31</u> <u>John E. O'Neill</u> Deputy Local Registrar				

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec., 19, 1931
 (Month) Dec. (Day) 19 (Year) 1931

22. I HEREBY CERTIFY That I attended deceased from 4/17/31, 19, to 12/19/31, 19. I last saw him alive on Dec., 19, 1931; death is said to have occurred on the date stated above, etc. 12.35 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Pulmonary Tuberculosis

Date of onset Oct 1930

Other Contributory Causes of importance:

Name of operation o Date of o
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? Date of injury o, 19
 Where did injury occur? (Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) John E. O'Neill, M. D.
 (Address) Henryton, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14242

74

1. PLACE OF DEATH

County CarrollVillage or City OykesvilleLength of residence in city or town where death occurred 8 yrs. 5 mos. 24 ds.

108

Registration Dist. No.

No. Springfield State Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Edgar Mueller(a) Residence: No. 447 16 Edmonson Ave.

(Usual place of abode)

St.

Ward.

Baltimore, Md

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

unknown

6. DATE OF BIRTH (month, day, and year)

August 14th 1894

7. AGE

Years

Months

4

Days

11

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Plumber

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)unknown
192011. Total time (years)
spent in this
occupation 6 years12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md

MOTHER

FATHER

13. NAME Lewis C. Mueller14. BIRTHPLACE (city or town)
(State or country)Baltimore
Md15. MAIDEN NAME Amelia Rechner16. BIRTHPLACE (city or town)
(State or country)Baltimore
Md17. INFORMANT Springfield State Hospital (Records)(Address) Oykesville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bethelton Park Date Dec 28, 193119. UNDERTAKER Geo. T. Little(Address) Baltimore, Md20. FILED Dec 25, 1931 Chas. Lee

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 25th

(Month)

(Day)

1931
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 15th 1931 to December 25th, 1931I last saw him alive on December 24th, 1931; death is said
to have occurred on the date stated above, at 3:40 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Post Encephalitis Lethargica
Physical and mental deteriorationDate of onset
1920

Other Contributory Causes of Importance:

Tuber Pneumonia

Dec. 24th
1931Name of operation None Date ofWhat test confirmed diagnosis? Physical signs & symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John Norfolk Morris M. D.
(Address) J. S. Hospital Oykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	JAN 5 1932	1921

MURRAY V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14243

1. PLACE OF DEATH

County

Carroll

Village or City

Woodbine.

91-a

Registration Dist. No.

83

St.

Ward

Length of residence in city or town where death occurred

22 yrs. 6 mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1909 - 5 - 22

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	22	6	16	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.
At home.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Maryland.

13. NAME Cornelius G. Mullinix.

14. BIRTHPLACE (city or town)
(State or country) Maryland.

15. MAIDEN NAME Ardene Davis.

16. BIRTHPLACE (city or town)
(State or country) Maryland.17. INFORMANT Cornelius G. Mullinix.
(Address) Woodbine, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Morgan Chapel Date Dec. 5, 1931.19. UNDERTAKER C. M. Hewitt
(Address) Linfield, Md.20. FILED Dec 4, 1931
Edna M. Hewitt
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. = 7 1931
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov 15, 1931, to Dec 2, 1931.

I last saw her alive on Dec 2, 1931; death is said to have occurred on the date stated above, at 9:00 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Endocarditis

Streptococcus Viridans

Septicemia

Not a puerperal case. Probably rheumatic.

Cough.

Other Contributory Causes of importance:

Hypostatic or Terminal Pneumonia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Stanley Smith M. D.
(Address) 101 Main Street, Baltimore

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921

JAN 5 1922

Other contributory causes of importance: *V. R.*

Gallstones		Date of onset
		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14244

1. PLACE OF DEATH

County Carroll

212-F

Registration Dist. No.

81.

Village or City Union Bridge

St. _____ Ward _____

Length of residence in city or town where death occurred

yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

Solomon Musbaum

(a) Residence: No.

St. _____ Ward. _____

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town)
(State or country)14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER
(Address)

20. FILED

Date

Year

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec
(Month)16
(Day)1931
(Year)

22. I HEREBY CERTIFY That I attended deceased from Oct 5, 1931, to Dec 16, 1931.

I last saw him alive on Dec 15, 1931; death is said to have occurred on the date stated above, at 3 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

chronic myocarditis

Date of onset

Died at home
Fall from horse at his residence
no auto.

Other Contributory Causes of importance:

accident (foot, ribs,
hemorrhage in pleural
space)

Name of operation Removal of tumor Date of Dec 31, 1931

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John Brink M.D.
(Address) Union Bridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	Feb 4 1922	1915
Cerebral hemorrhage	BUREAU V. S.	1921

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14245

1. PLACE OF DEATH

County Carroll

Village or City Henryton, Maryland.

Length of residence in city or town where death occurred 0 yrs. 3 mos. 27 ds. If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 74

2. FULL NAME Clara Pettiford

(a) Residence: No. 616 S. Green St., Balt., Md.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
---------------	--------------------------	------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1, 1909.

7. AGE Years 22	Months 4	Days 1	If LESS than 1 day, _____ hrs. or _____ min.
-----------------	----------	--------	----------------------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

13. NAME Samuel Pettiford

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Louise Rich

16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT John E. O'Neill, M. D.
(Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place City Morgue Date July 3, 1931

19. UNDERTAKER Samuel H. Tengsley
(Address) 578 Madison St.20. FILED 12/2/31, 19 John E. O'Neill
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec., 2, 1931

(Month)

(Day)

1931
(Year)

22. I HEREBY CERTIFY. That I attended deceased from July 6, 1931

19 to Dec., 2, 1931
I last saw her alive on Dec., 2, 1931
to have occurred on the date stated above, at 10.45 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Dec.

1930

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John E. O'Neill M. D.
Henryton, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BURMA V. S.

RECEIVED

JAN 5 1928

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Carroll

2 Village or City Westminster

2 FULL NAME Michael A. Richter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Me 4 COLOR OR RACE Wh 5 SINGLED,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

4- 29, 1849
(Month) (Day) (Year)

7 AGE

82 yrs. 8 mos. 2 If LESS than
1 day hrs.
ds. or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work Farmer

(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE
(State or country)

Baldo Co

10 NAME OF
FATHER

Henry Richter

11 BIRTHPLACE
OF FATHER
(State or country)

Mt. Germany

12 MAIDEN NAME
OF MOTHER

Margaret Bloom

13 BIRTHPLACE
OF MOTHER
(State or country)

Mt. Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Humbert

(Address) Westminster 3d

15 Filed 1/2 1932 W. Woodward
Registr.

14246

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 76

St. _____ Ward) (If death occurred in
a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12- 31 - 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
10- 1 - 1931 to 12- 31 - 1931,
that I last saw him alive on 12- 25 - 1931.

and that death occurred on the date stated above, at _____.

The CAUSE OF DEATH * was as follows:

Arteriosclerosis

Contributory (Duration) 10 yrs. 6 mo. 0 d.
Secondary Breathless, tired
(Face out of bed)

(Duration) 5 yrs. 5 mos. 0 d.
(Signed) W. J. Hart M. D.
1- 2 - 1932 (Address) Westminster

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 2 yrs. 4 mos. 0 d. In the State _____ yrs. _____ mos. _____ d.

Where was disease contracted,
if not at place of death?

Former or usual residence Arques Co

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Deer Park Jan 8, 1932

20 UNDERTAKER ADDRESS

J. P. Barnard & Son Westminster

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer* (*laborer*), *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia").

JAN 6 1932

BUREAU

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDA, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—*accident*; *Revolver wound of head*—*homicide*; *Poisoned by carbolic acid*—*probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14247

1. PLACE OF DEATH

County, CarrollVillage or City, Taneytown

Length of residence in city or town where death occurred

Yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

93-2

Registration Dist. No. 22

St., Ward

2. FULL NAME

(a) Residence: No.

Mrs Mary S. RidingerTaneytown, Md. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

Widow
(or) WIFE ofSamuel D. Ridinger

6. DATE OF BIRTH (month, day, end year)

Mar 31, 1868

7. AGE

65

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Md

FATHER

13. NAME

Geo. Hines

MOTHER

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME

Rebecca Stansbury

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Mrs Emory HinesTaneytown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Harvey A. B.Date Dec. 29, 1931

19. UNOVERTAKER

(Address)

Old Mass SonTaneytown, Md.

20. FILED

Date

Dec. 26, 1931Mary B. Hall, DeputyRegistrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 24, 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Nov. 9, 1931, to Dec. 23, 1931I last saw her alive on Dec. 23, 1931; death is said to have occurred on the date stated above, at 5:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General Paralysis Date of onset Dec. 19, 1931
Paroxysm 2 mo.

Other Contributory Causes of importance:

Alcoholism18 yrs.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Samuel D. Ridinger M. D.(Signed) Samuel D. Ridinger
(Address) Taneytown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	JAN 2 1922	1921

BUREAU V. E.		

Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14248

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County CarrollVillage or City Sykesville, MdLength of residence in city or town where death occurred 2 yrs. 8 mos.

93-e

Registration Dist. No. 74No. Springfield State Hospital St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

7 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.2. FULL NAME Ries, Catherine(a) Residence: No. Springfield State Hospital

(Usual place of abode)

Ward.

Baltimore, Md

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Ries6. DATE OF BIRTH (month, day, and year) unknown7. AGE 52 Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.OCCUPATION None8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None10. Date deceased last worked at this occupation (month and year) —11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER FATHER

13. NAME August Jamnick14. BIRTHPLACE (city or town)
(State or country) Germany15. MATURE NAME unknown16. BIRTHPLACE (city or town)
(State or country) Germany17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park, Bell Md Date Dec 12, 193119. UNDERTAKER C. E. French
(Address) 802 Madison Ave20. FILED Dec 10, 1931 Harry Steen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December(Month) 10 (Day), 1931 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 1929, to December 10 1931
I last saw her alive on Sept 20, 1931; death is said
to have occurred on the date stated above, at 7:50 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Huntington's ChoreaDate of onset
More
than
five
years

Other Contributory Causes of importance:

Chronic Myocarditis

Oct 1928

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? —Date of Injury —, 19—

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —(Signed) M. Virginia Beyer
(Address) Sykesville, Md

M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Carroll

Village or City Ridgerville (No.)

2 FULL NAME Jesse William Ryan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

6 DATE OF BIRTH

21 March 24, 1860
(Month) (Day) (Year)

7 AGE

71 yrs. 8 mos. 29 ds. If LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of industry
business, or establishment in
which employed or (employer) retired farmer

9 BIRTHPLACE
(State or country)10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

D
(Informant)

Mrs Arthur Murray

(Address) Mt. airy, Md

15 Filed Dec 24 1931 Ph. D. Snyder
Registrar

14249

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 82

St. _____ Ward) (If death occurred in
a hospital or institution, give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 23, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
Dec 15, 1931 to Dec 23, 1931,
that I last saw him alive on Dec 22, 1931,
and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH * was as follows:

Emphysema
Ch. Myocarditis

(Duration) ? yrs. mos. ds.

Contributory
Secondary

Acute Bronchial Asthma

(Duration) ? yrs. mos. ds.

(Signed) Stanley Gravill M. D.
12/23/31 1921 (Address) Mt. airy, Md

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place
of death yrs. mos. ds.

In the
State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or
usual residence.

19 PLACE OF BURIAL OR REMOVAL

Montgomery Chapel

DATE OF BURIAL

Dec 25, 1931

20 UNDERTAKER

C. M. Hatt, Hinsfield, Md.

ADDRESS

REVISED UNITED STATES STANDARD
CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative health, fulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Plasterer*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return “*Laboree*,” “*Foreman*,” “*Manager*,” “*Deal-labor*,” etc., without more precise specification as *Day-laborer*, *Part-time laborer*, *Laborer*—*Coil mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-sinal meningitis* (the only definite synonym is “*Epidemic cerebro-sinal meningitis*”); *Diphtheria* (avoid use of “*Croup*”); *Typhoid fever* (never report “*Typhoid Pneumonia*”); *Lobar pneumonia*, *Bronchopneumonia* (“*Pneumonia*”).

unqualified, is indefinite); *Tuberculosis* of lungs, *meninges*, *peritonitum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis*, *celulitis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the date is essential and must be obtained before the certificate is permanently filed.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "*Cerebralis*" fever (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid* fever (never report "Typhoid" Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia").

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14250

1. PLACE OF DEATH

County Carroll
Village or City Union Bridge

Length of residence in city or town where death occurred

yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St., Ward

2. FULL NAME

(a) Residence: No.

John L. SchenUnion Bridge, Md.

Ward.

Registration Dist. No. 81

St., Ward

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
-----------------	---------------------------	--------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of (or) Wife of Willie Belt Schen

6. DATE OF BIRTH (month, day, and year) Sept 8, 1874

7. AGE Years <u>57</u>	Months <u>3</u>	Days <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	----------------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Retired</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Railroad Engineer</u>
-----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

10. Date deceased last worked at this occupation (month and year) <u>1893</u>	11. Total time (years) spent in this occupation <u>27</u>
-------------------------------------------------------------------------------	-----------------------------------------------------------

12. BIRTHPLACE (city or town) (State or country) <u>Bar.</u>

13. NAME <u>Jacob L. Schen</u>

14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>

15. MAIDEN NAME <u>Elizabeth Trebe</u>

16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>

17. INFORMANT <u>Mrs. John L. Schen</u> (Address) <u>Union Bridge, Md.</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>Boulder Park, Baltimore</u> Date <u>Dec 23, 1931</u>

19. UNDERTAKER <u>Geo. Dusset Son</u> (Address) <u>Janetown, Md.</u>

20. FILED <u>1/22/1932</u> <u>S. D. Bell</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

12 (Month) 20 (Day) 1931 (Year)

22. I HEREBY CERTIFY. That I attended deceased from 12-20-1931 to 12-20-, 1931

I last saw him alive on 12-20-, 1931; death is said to have occurred on the date stated above, at 10-4 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cancer - jaw

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

T. H. Legg _____

(Signed) _____

(Address) Union Bridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

</div

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium

14251

1. PLACE OF DEATH

County Carroll

Colored Branch (23)

Registration Dist. No. 74

Village or City Henryton, Maryland

St. Ward

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Raymond Smith

(a) Residence: No. Rocks, Harford Co., Md

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
-------------	--------------------------	-------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE of

no knowledge

6. DATE OF BIRTH (month, day, and year) Apr., 18, 1911

7. AGE Years 20	Months 8	Days 12	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Harford Co., Md.

13. NAME Clarence Smith

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Annie Jackson

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT John E. O'Neill, M. D.
(Address) Henryton, Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Union Chapel Date Jan 2 193219. UNDERTAKER Elbert L. Smith
(Address) Garretttsburg20. FILED 14/30, 1931 John E. O'Neill
(Signed) M. D.
(Address) Henryton, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 30, 1931

(Month)

(Day)

1931
(Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec., 18, 1931, 19, to Dec., 30, 1931, 19, in _____ alive on Dec., 30, 1931, 19; death is said to have occurred on the date stated above, at 9:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Sept.
1931.

Other Contributory Causes of importance:

Name of operation O Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John E. O'Neill M. D.

(Address) Henryton, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED
Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

W. B.--Every item of information should be carefully supplied. ACE should be stamped EXACTLY, PHYSICIAN'S should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PLACE OF DEATH

County CarrollVillage or City Paneytown (No.)

2 FULL NAME

George Vernon Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)Single

6 DATE OF BIRTH

Mar 26th 1891
(Month) (Day) (Year)

7 AGE

40 yrs. 9 mos. 4 ds. or min.If LESS than
1 day..... hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work
None
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

Emmitsburg Md

PARENTS

10 NAME OF FATHER

Henry Smith

11 BIRTHPLACE OF FATHER

(State or country)

Frederick Co. Md

12 MAIDEN NAME OF MOTHER

Addie E. Showalter

13 BIRTHPLACE OF MOTHER

(State or country)

Carroll Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mary E Smith
Paneytown Md

15

Filed

Dec. 31, 1931

May B. Witt
Deputy Registrar

14252

STATE OF MARYLAND
CERTIFICATE OF DEATH

184

Registration Dist. No.

70

St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 30th, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

on Dec 30th, 1931 to Dec 30th, 1931,that I last saw him alive on Dec 30th, 1931,and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH * was as follows:

Gunshot wound - abdominal
Internal Hemorrhage
(Resisting arrest - White Insane)

(Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) C. M. Bernier M. D.(Address) Paneytown Md*State the Disease Causing Death, or in deaths from
Violent Cause, state (1) Means of Injury and (2) whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Reformed Paneytown

DATE OF BURIAL

Jan 2, 1932

20 UNDERTAKER

Ed Dusset Son

ADDRESS

Paneytown Md

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Recovered wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Carroll

Village or City Towson (No.)

2 FULL NAME Joseph M. Smith

14253

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 80

St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

Sept. 6, 1854
(Month) (Day) (Year)

7 AGE

77 yrs. 3 mos. 3 ds. or min. If LESS than

1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work Tobac
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country) Md.

12 MAIDEN NAME OF MOTHER

(State or Country) Katherine Lunnion

13 BIRTHPLACE OF MOTHER

(State or Country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Smith(Address) Towson Md.15 Filed Dec 11, 1931Death Dec 8, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

December 9, 1931(Month) Dec (Day) 9 (Year) 1931

17 I HEREBY CERTIFY, That I attended the deceased from Sep 1, 1931 to Dec 8, 1931, that I last saw him alive on Dec. 8, 1931, and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:

Generalized ArteriosclerosisContributory
Secondary(Duration) 3 yrs. 0 mos. 0 ds.Acute Corditis Delatorum

(Signed)

Joe J. Morris M. D.(Address) 101 W. Saratoga St., Baltimore Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

W. J. Smith, Jr., Mortician, Dec. 12, 1931

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary firman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiacæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, gas fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14254

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Garrett

Village or City

Greenmount Md

93c

Registration Dist. No.

77

St.

Ward

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Laura J. Stansbury*

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Widow

5a. If married, widowed, or divorced

Husband of

(or) wife of

John J. Stansbury

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
	74	6	13	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

*Sept 1, 1931*11. Total time (years) spent in this occupation *50*12. BIRTHPLACE (city or town)
(State or country)*Maryland*13. NAME *Mesley Annacon*14. BIRTHPLACE (city or town)
(State or country)*Maryland*15. MAIDEN NAME *Rachel Tracy*16. BIRTHPLACE (city or town)
(State or country)*Maryland*

17. INFORMANT

(Address) *2201 Ellamont St. Balt*

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenmount Md* Date *1/2* 19 *32*19. UNDERTAKER *Edw C. Tipton*(Address) *Stansbury Md*20. FILED *Dec 31, 1931* *Lawson Leister*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 30, 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

, 1924, to Dec 30, 1931

I last saw her alive on Dec 30, 1931; death is said to have occurred on the date stated above, at 12 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Chronic myocarditis*Date of onset
Indefinite

Other Contributory Causes of importance:

Ac Pulmonary Oedema 12/29/31
Hypostatic Pneumonia 12/29/31

Name of operation _____ Data of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Wes Denner* M. D.(Address) *Manchester, Md*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		
The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	JAN 5 1922	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BURPAU V.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14255

1. PLACE OF DEATH

County Carroll Maryland-Tuberculosis San. Registration Dist. No. 74
 Village or City Henryton, Md. Colored Branch St., Ward
 Length of residence in city or town where death occurred 0 yrs. 2 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Thomas

(a) Residence: No. 516 W. Preston St., Balt., Md. St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 26, 1914

7. AGE Years 17 Months 8 Days 14 If LESS than
1 day, ____ hrs.
or ____ min.

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Laundress
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Joseph Webster14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Annie Thomas16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT John E. O'Neill, M. D.
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Henryton, Md. Date 12/11/31, 1919. UNDERTAKER Samuel T. Lyons, Esq.
(Address) 520 E. Baltimore Street, Baltimore, Md.20. FILED 12/9/31, 19 John E. O'Neill
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec., 9, 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from 9/11/31 19____ to 12/9/31 19____.

I last saw her alive on Dec., 9, 1931 19____; death is said to have occurred on the date stated above, at 7:25 A. M. 19____.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Aug1931

Other Contributory Causes of importance:

Name of operation O Date of O

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John E. O'Neill M. D.
Henryton, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

JAN 5 1927

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

BUREAU V.S.

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14256

1. PLACE OF DEATH

County

Carroll

(121)

Registration Dist. No. 76

Village or City

Westminster

76

St.

Ward

Length of residence in city or town where death occurred

3 yrs. 10

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

4 mos. 4 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Augustus Watkins

(a) Residence: No.

M. P. Blurch Home for Aged

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White Widowed

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Not known

6. DATE OF BIRTH (month, day, and year)

December 4, 1853

7. AGE

Years

78

Months

-

Days

22

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Not known

MOTHER

FATHER

13. NAME

Grafton Watkins

14. BIRTHPLACE (city or town)

(State or country)

Not known

Maryland

15. MAIDEN NAME

Rhoda Mullins

16. BIRTHPLACE (city or town)

(State or country)

Not known

Maryland

17. INFORMANT

(Address)

Mrs. D. S. Grier

Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Westminster, Md.

Date

Dec 28, 1931

19. UNDERTAKER

(Address)

J. D. Shanes & Son

Westminster, Md.

20. FILED

12/26 1931 St. Woodword

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 26
(Month) (Day)1931
(Year)22. I HEREBY CERTIFY, That I attended deceased from about Nov. 15th, 1931, to Dec. 20th, 1931, 1932.I last saw him alive on Dec. 25th, 1931, 1932; death is said to have occurred on the date stated above, at 3 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Intercalated Neuritis

Date of onset

Other Contributory Causes of importance:

Necrosis Cornea

Name of operation

none

Date of

What test confirmed diagnosis

Urinalysis

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. L. Bellingale M. D.

(Address) West Carroll

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED

The principal cause of death and related causes of importance were as follows: JAN 6 1932

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

BUREAU V. B.

1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones

May 1, 1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14257

1. PLACE OF DEATH

County

Carroll

(51)

Registration Dist. No. 75

Village or City

near Manchester

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

mary & Yingling

6. DATE OF BIRTH (month, day, and year)

June 23rd 1852

7. AGE

Years

79

Months

5

Days

26

If LESS than

1 day, ____ hrs.
or ____ min.

8. OCCUPATION

kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Nov. 1931

12. BIRTHPLACE (city or town)

(State or country)

mary land

13. MOTHER

FATHER

William Yingling

14. BIRTHPLACE (city or town)

(State or country)

mary land

15. MAIDEN NAME

(State or country)

Mrs. Smith

16. BIRTHPLACE (city or town)

(State or country)

mary land

17. INFORMANT

Laura A. Yingling
(Address) Hampstead Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Manchester Date Dec 22, 1931

19. UNDERTAKER

(Address) Jacob Winkis Sons
Manchester Md

20. FILED

Dec 21st, 1931 File No. H. S. 5. Deemer

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 19

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1931, to Dec 19, 1931

I last saw him alive on Dec 19, 1931

to have occurred on the date stated above, at 7 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cancer of Prostate
& Bladder

Date of onset

1930

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

M. D.

W. R. S. Deemer

(Address) Manchester Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
